

## Health Plan Choice Worksheet

This booklet has information on the factors you should consider when choosing a health plan. Go through the factors listed in the left column. Some answers will be a simple yes or no, while others will require you to insert information or call the health plan. Remember, the best plan for you will be the one that works for your specific situation — the worksheet serves only as a comparison tool.

### Health Plan Choice Worksheet

Plan names and phone numbers:										
Select the type of plan: (circle one on each row)		HMO Basic 1party	PPO Medicare 2party	Assoc. Family	HMO Basic 1party	PPO Medicare 2party	Assoc. Family	HMO Basic 1party	PPO Medicare 2party	Assoc. Family
<b>Step 1</b>	See pages 10-11, then call the plan's customer service center and ask:									
	• is the plan available in your residence ZIP code?	Yes	No		Yes	No		Yes	No	
	• for a provider directory or the names of doctors accepting new patients.									
	<b>Call the doctor's office.</b> Confirm they contract with the plan and are accepting new patients. Ask what specialists are available and what hospital affiliation they have.									
<b>Step 2</b>	How did the plan rate in "quality?" (See the <b>Health Plan Quality &amp; Performance Report.</b> )									
	How did the plan rate in "satisfaction?" (See the <b>Health Plan Quality &amp; Performance Report.</b> )									
	<b>Compare the "benefits."</b> Pull out the benefit summary charts from this book. CalPERS plans offer a standard package of benefits — but there are some differences: acupuncture, chiropractic, emergency room co-pays, etc.									
<b>Step 3</b>	<b>Calculate your monthly cost.</b> Monthly premium (see pages 6-7). Premium amounts will vary based on 1 party/2 party/family and Basic/Supplement to Original Medicare.	\$			\$			\$		
	Your employer's contribution (see page 7). —	\$			\$			\$		
	Your cost. Subtract your employer's contribution from monthly premium. If total is 0 or less, your cost is 0.									
	<b>Other considerations:</b> What services are available when you travel? Are the providers convenient? Does the plan offer health education? Do you or your family have special medical needs? Does the plan offer mail order prescriptions?									
	What changes are you planning in the upcoming year (i.e. retirement, transfer, move, etc.)?									
	Other Information:									
	Compare and select plan									

If you need assistance in completing this form, call the CalPERS Health Benefit Services Division.